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### NOTICE OF ALLOWANCE AND FEE(S) DUE

7055

7590

07/06/2006

GREENBLUM & BERNSTEIN, P.L.C. 1950 ROLAND CLARKE PLACE RESTON, VA 20191 EXAMINER

KRAUSE, JUSTIN MITCHELL

ART UNIT

PAPER NUMBER

3682

DATE MAILED: 07/06/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/649.809      | 08/28/2003  | Byeong-Hoon Lee      | P24070              | 5995             |

TITLE OF INVENTION: TILT STEERING APPARATUS FOR VEHICLE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |  |
|----------------|--------------|-----------|-----------------|------------------|------------|--|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 10/06/2006 |  |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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| annronriate All further cor                                                                                                                   | respondence including the<br>pelow or directed otherwise                                                                            | Patent advance or                                                                              | ders and notifi                                                                                                                                  | ication of maintenance fee                                                              | quired). Blocks 1 through 5 s<br>s will be mailed to the current<br>ess; and/or (b) indicating a sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t correspondence address as                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|                                                                                                                                               | E ADDRESS (Note: Use Block 1 for                                                                                                    | any change of address)                                                                         |                                                                                                                                                  | Fee(s) Transmittal.                                                                     | of mailing can only be used f<br>This certificate cannot be used<br>mal paper, such as an assignmate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | for any other accompanying ent or formal drawing, must                                    |
| 7055 75<br>GREENBLUM &<br>1950 ROLAND CL<br>RESTON, VA 2019                                                                                   | bernstein, P.L.<br>Larke place                                                                                                      | C.                                                                                             |                                                                                                                                                  | (                                                                                       | Certificate of Mailing or Trans. this Fee(s) Transmittal is bein e with sufficient postage for fit fail Stop ISSUE FEE address SPTO (571) 273-2885, on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | emission                                                                                  |
|                                                                                                                                               |                                                                                                                                     |                                                                                                |                                                                                                                                                  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Depositor's name)                                                                        |
|                                                                                                                                               |                                                                                                                                     |                                                                                                |                                                                                                                                                  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Signature)                                                                               |
|                                                                                                                                               |                                                                                                                                     |                                                                                                |                                                                                                                                                  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Date)                                                                                    |
| APPLICATION NO.                                                                                                                               | FILING DATE                                                                                                                         |                                                                                                | FIRST NAMED                                                                                                                                      | INVENTOR                                                                                | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONFIRMATION NO.                                                                          |
| 10/649,809                                                                                                                                    | 08/28/2003                                                                                                                          |                                                                                                | Byeong-Ho                                                                                                                                        | Byeong-Hoon Lee P24070                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5995                                                                                      |
| FITLE OF INVENTION: TI                                                                                                                        | ILT STEERING APPARAT                                                                                                                | US FOR VEHICLI                                                                                 |                                                                                                                                                  | PUBLICATION FEE                                                                         | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE DUE                                                                                  |
| nonprovisional                                                                                                                                | NO                                                                                                                                  | \$1400                                                                                         | )                                                                                                                                                | \$300                                                                                   | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10/06/2006                                                                                |
| EXAM                                                                                                                                          | IINER                                                                                                                               | ART UN                                                                                         | т                                                                                                                                                | CLASS-SUBCLASS                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
| KRAUSE, JUST                                                                                                                                  | IN MITCHELL                                                                                                                         | 3682                                                                                           |                                                                                                                                                  | 074-493000                                                                              | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |
| CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  ASSIGNEE NAME AND | ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion | Correspondence ation form e of a Customer  E PRINTED ON Telow, no assignee of this form is NOT | (1) the nam or agents Ol (2) the name registered at 2 registered listed, no nather than 10 mars of the PATENT (data will appear a substitute for |                                                                                         | s a member a 2ames of up to If no name is 3ames ignee is identified below, the content of the state of the sta | document has been filed for                                                               |
|                                                                                                                                               |                                                                                                                                     |                                                                                                |                                                                                                                                                  |                                                                                         | Corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oup entity Government                                                                     |
| <ul><li>4a. The following fee(s) are</li><li>Issue Fee</li><li>Publication Fee (No s)</li></ul>                                               | enclosed:<br>mall entity discount permitte                                                                                          |                                                                                                | _                                                                                                                                                | ee(s):<br>the amount of the fee(s) is<br>y credit card. Form PTO-20                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|                                                                                                                                               | Copies                                                                                                                              |                                                                                                | The Director Deposit Ac                                                                                                                          | or is hereby authorized by o                                                            | charge the required fee(s), or cre<br>(enclose an ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | edit any overpayment, to ra copy of this form).                                           |
|                                                                                                                                               | (from status indicated above                                                                                                        | •                                                                                              |                                                                                                                                                  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
| = =                                                                                                                                           | MALL ENTITY status. See                                                                                                             |                                                                                                | • •                                                                                                                                              |                                                                                         | IALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |
| The Director of the USPTO NOTE: The Issue Fee and Punterest as shown by the reco                                                              | is requested to apply the Issublication Fee (if required) words of the United States Paters                                         | ue Fee and Publicat<br>will not be accepted<br>ent and Trademark                               | tion Fee (if any<br>I from anyone of<br>Office.                                                                                                  | or to re-apply any previous other than the applicant; a r                               | usly paid issue fee to the applic<br>egistered attorney or agent; or t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation identified above. he assignee or other party in                                     |
| Authorized Signature                                                                                                                          |                                                                                                                                     |                                                                                                |                                                                                                                                                  | Date                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
| Typed or printed name                                                                                                                         |                                                                                                                                     |                                                                                                | Registration No.                                                                                                                                 |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
| This collection of information application. Confidential submitting the completed ap                                                          | on is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.<br>oplication form to the USPT                                          | 11. The informatio<br>. 122 and 37 CFR<br>O. Time will vary                                    | n is required to<br>1.14. This colle<br>depending upo                                                                                            | o obtain or retain a benefit bection is estimated to take I on the individual case. Any | y the public which is to file (an 2 minutes to complete, includi comments on the amount of the Trademork Office LIS Described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d by the USPTO to process)<br>ng gathering, preparing, and<br>ime you require to complete |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| APPLICATION NO. | FILING DATE       | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
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| 10/649,809      | 08/28/2003        | Byeong-Hoon Lee         | P24070                  | 5995             |  |
| 7055            | 7590 07/06/2006   |                         | EXAM                    | EXAMINER         |  |
| GREENBLUM       | & BERNSTEIN, P.L. | KRAUSE, JUSTIN MITCHELL |                         |                  |  |
| 1950 ROLAND C   | ,                 |                         | ART UNIT                | PAPER NUMBER     |  |
| RESTON, VA 20   | VA 20191          |                         | 3682                    |                  |  |
|                 |                   |                         | DATE MAILED: 07/06/2000 | 5                |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 356 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 356 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.